

update

Vol. 5 No. 9

May 4, 1981



Only a few more days until May Daze gets underway. This year, May Daze will begin on Friday, May 15, from 4:00 P.M. - 9:00 P.M., and continue on Saturday, May 16, from 9:00 A.M. - 9:00 P.M., and on Sunday, May 17, from 11:00 A.M. - 6:00 P.M., rain or shine.

Special Events!!!

Friday: the Big Band Sound - with Robert Stoneback and on **Saturday:** PA Stoners

N.E. PA Ripcords Parachute jump, 6:00 P.M.

the Liberty Belles cheerleaders

Magic, music, clowns, and a fire

demonstration with the Western Salisbury Fire Company and more...

40 craftsmen

Bingo!

Flea Market

Antique Truck Display

Flowers, raffles, wine booth

Games, rides, books, and food, food,

food - Friday and Saturday Dinner,

4:30 P.M. - 7:30 P.M., and Sunday

Brunch, 11:30 A.M. - 2:00 P.M.

Help is still needed in manning booths.

If you can give an hour or ten, please sign up in the Volunteer Station, or contact Petey Shoemaker in the Tree Top Shop, Friday afternoon.

There will also be a truck on the grounds to collect old clothing, jewelry, and household goods (working or not working). May Daze will get 5¢ per pound for all items collected.

Social Security option presented

What aspects of your career interest you the most? Advancement? Pay? Prestige? How about when your working career is over, when you retire. Do you think much about that?

It's not uncommon for a lot of people in today's work force to give little thought to the subject of retirement. Or disability or death benefits. After all, many of us are young, and hopefully, in good health. (The average age of all employees at the Hospital Center is 31.) But the need to be concerned with providing future income during retirement years will be incredibly important when those years arrive.

And what most of us have to rely on when that time comes is our social security benefits. These benefits, along with any pension plan, or additional income from a spouse or insurance, will be a main source of financial security during retirement.

But, lately, the social security system has come under some heavy fire from many critics. For example, recently published statistics indicate that even with the addition of a new tax imposed in December of 1977 (the social security tax withheld from your pay is indicated by the F.I.C.A. tax amount on your paycheck stub), the Social Security Retirement Fund may be bankrupt by the year 2030, the Disability Fund by 2007, and the Medicare Fund by 1989. By the year 2030, when the Post World War II Baby Boom is into retirement, this could be a problem. And there isn't a quick answer for the ills that plague the system. Only Congress is capable of making any changes to it. There are alternative plans to social security that are available only to certain categories of employees who, by law, can be exempt from participating in social security:

- Non-Profit organizations (most hospitals, charitable organizations, teachers)
- Federal employees
- States and their political subdivisions (counties, boroughs, etc.)
- Railroad Retirement Act employees

Since A&SHHC qualifies under this potentially exempt status, the administrative team has studied alternative programs that will provide maximum of benefit to the majority of A&SHHC employees.

A plan, developed by the National Security Retirement Program of West Chester, Pennsylvania, has been presented to employees at recent meetings in April, concerning withdrawal from social security.

Highlights of the plan in a comparison to present social security benefits show that:

SOCIAL SECURITY

- Contributions are rising and may be subject to changes by Congress as they deem necessary.
- Participants vest in varying degrees according to individual circumstance vesting provides only the right to a lifetime annuity. No estate is created.

NATIONAL SECURITY PROGRAM

- Contributions are controlled providing for future cost savings.
- Vesting of retirement benefits under NSRP is 100%. Participant owns account. Estate is individually created without regard to age, dependency, employment or service.

(continued on page 2)



**The Center
Welcomes**

To Centrex
Catherine Glenn

To Housekeeping
Luretha Carter
Eugene Fegely

To Laboratory
Kathryn Parees

To Nursing
Michelle Babbitt
Deborah Ferris
Janie Malekoff
Valerie Saad

To Pre-Admission/Outpatient
Deborah DeBalko

To Radiology
Diane Caine

To SPD
Laurie Kober

May is...

High Blood Pressure Month

Some things we just can't afford to forget, like our best friend's birthday, or taking medicine that means the difference between sickness and health. If high blood pressure medicine is prescribed, you must take it every day. Here are some tips to help you remember to take it:

- Keep your pills where you can find them easily
- Buy a pocket calendar and mark each day when you take your pills; also note when you're due for a refill
- Renew your prescription at a drug store convenient to your home or where you work

Find a way to take your medicine every day as a habit. Then you'll have many healthy years ahead for remembering your best friend's birthday.

and...

Arthritis Information Month

The third annual state-wide education program about Arthritis kicks off on May 1. All month long, people throughout Pennsylvania can receive free literature and information on Arthritis by calling 1-800-462-0400.

The campaign is co-sponsored by the Eastern Pennsylvania Chapter of the Arthritis Foundation. The purpose of the program is to encourage the public, especially patients, to learn more about the nearly 100 forms of arthritis and what is being done to combat them. Over 30 million people throughout the country, and 525,000 in Eastern Pennsylvania, have at least one form of this disease.

July 4 holiday

Non-exempt employees who work on Saturday, July 4, will be paid time and a half. The hospital will celebrate the holiday on July 3.

Coffee break extended

For the convenience of our employees, a new coffee break time period has been established: 8:00 A.M. - 10:30 A.M. The breakfast grill still closes at 8:30 A.M.

Option presented (continued)

SOCIAL SECURITY

- Retiree's earnings are restricted. (Limited to \$4,000 in 1978 - \$6,000 in 1982.)
- Lump sum death or survivorship benefit is \$255, unless there is dependency. (Until children attain age 18, or 22 if student.) Payout is prescribed. Monthly payment.
- Employee contributions are after tax dollars.
- Payments of benefits are prescribed by the government.
- Working couples do not receive benefits relative to their combined contributions.
- Survivorship and disability benefits slanted to dependent children circumstances.

NATIONAL SECURITY PROGRAM

- Retirees enjoy unrestricted earnings without penalty.
- Lump sum death or survivorship benefit is better for vast majority of employees. May select payout method from various options.
- Employee contributions are tax deferred allowing accumulation for retirement. Provides more take-home pay.
- Under NSRP, employee selects method of payment.
- Working couples receive full, greater combined benefits in direct relation to their contributions.
- Benefits are available to any beneficiary heir or to the estate.

Employees attending these meetings learned about both systems, and also filled out a personal history data sheet. Additional meetings are being scheduled for those unable to attend previously.

This information will be used to construct employee benefit projections, at retirement age, from both Social Security and the NSRP alternative.

If the projections indicate that the alternative plan provides greater retirement, disability, life insurance, and death benefits to the majority of A&SHHC employees, withdrawal from Social Security could come as early as October, 1981, for full and permanent part-time employees (more than 16 hours per week).

Obviously it is important to learn the facts about social security and any alternatives available.

Contact the Personnel Department for literature on the NSRP plan, and become familiar with it.

Being concerned about your future is important; in 20 years, you may not have the choices you have now.



Gale Schmidt Hodavance — Editor
Jim Higgins — Associate Editor
Janet Laidenslager — Staff Assistant
Jack Dittbrenner — Photography
Darla Molnar — Photography

The Hospital Center Speaks Out on Hospital Costs *

*** If you're not part of the solution, you're part of the problem.**

Hospital care has changed dramatically in the past 30 years—as has its price tag.

During the 50's, 60's and early 70's hospitals experienced a period of dramatic growth and change, not the least of which was the advent of the Medicare program in 1966. The creation of that program, and others like it, changed the way health care was delivered and paid for, and thus marked a new era for hospitals. Unfortunately, in the process, health care became expensive, and today, some people are beginning to question how much health care is enough.

Is there a hospital cost problem, and why is everyone talking about it? Hospital costs are viewed differently by different groups of people. But one thing is certain—everyone is concerned with hospital costs.

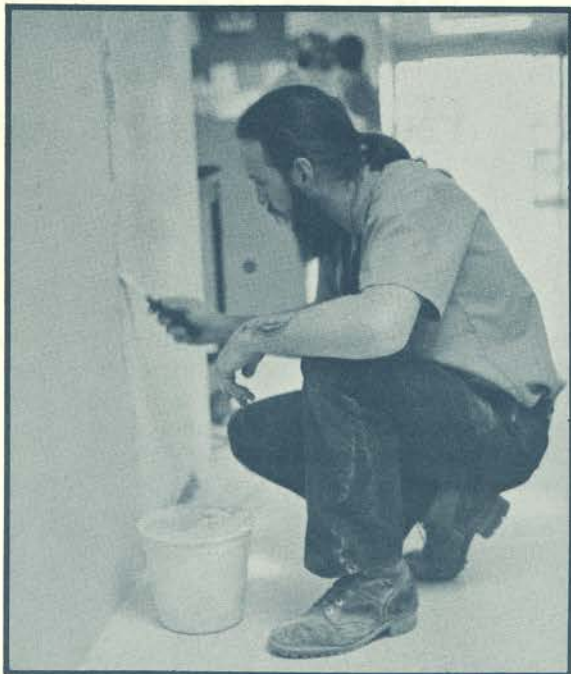
Business, industry and labor are concerned because the cost of providing health care coverage to employees becomes more expensive each day. That means there's less money available for increased wages and capital improvements.

Third-party payers are concerned. Both commercial and non-profit health care plans see premiums skyrocketing and benefit packages harder to underwrite.

Government is concerned because it has gotten into health care in a big way since the seemingly modest beginnings of Medicare in 1966. Health and hospital care are consuming more and more of the government's budget—leaving less room for new programs and new benefits.

The general public is concerned because all of these extremely influential groups are concerned. Although most of the general public pays relatively little out-of-pocket expenses for health care, they fear the day may come when they will have to.

And hospital people are really concerned. They realize that although costs are rising, demand also is increasing for more sophisticated health care. They must deal with the pressures generated by attempting to provide the care demanded and at the same time hold down costs.



There are many people "behind the scenes" who keep the hospital functioning. A small selection of these many employees include:

Top photo: George Goetz, carpenter. Middle photo: Wayne Parsons, Junior Accountant.

Bottom photo: Centrex - Left to right; Ann Doncevic, Telecommunications Director; Donna Kober, Louise Price, Ray Nagle, Joyce Szilezy.





And while these groups focus their attention on costs, they are beginning to realize they can help restrain hospital costs by taking a hard look at their own behavior in dealing with the health care system.

Fortunately, many people in these groups are learning they have a part to play in helping to reduce the cost of providing health care. Through cooperative efforts, they've worked out solutions that can actually begin to change the way health care is provided, used, and paid for in Pennsylvania and in the nation.

BUSINESS, INDUSTRY and LABOR have come to recognize that the area of greatest concern for them—their health care benefit package—is also their greatest tool in solving their problem.

One of the major areas for potential savings in hospital care for industry and labor is utilization review or UR. Utilization review is simply a mechanism by which hospitals and physicians evaluate if each patient is receiving only the hospital services he or she needs. A UR professional determines approximately how long a particular patient should require a particular service, such as hospital inpatient care. By monitoring patients in various services, the UR professional can assure the patient is receiving the type of care that is required without receiving a more intensive—and expensive—level of care than is necessary.

For example Pittsburgh-based U.S. Steel, in cooperation with Blue Cross of Western Pennsylvania, recently put together an employee benefit package which recognizes the importance of utilization review. The contract calls for Blue Cross to monitor the utilization of hospital services by U.S. Steel employees and dependents. Blue Cross does this in cooperation with 95 Western Pennsylvania hospitals. The hospitals provide an acceptable UR program which tracks patients from admission through inpatient care and plans for services needed upon discharge from the hospital.

To be certain that employees are receiving the care that they need, U.S. Steel has added skilled nursing care and home health care to their basic employee

(continued on next page)



Top photo: Kevin Kulp, Dietary Aide.

Bottom photo: Darla Molnar, Biomedical photographer.

Honoring our Nurses

While the week of May 10-16 will be most of Nurses Week, it is also the week when we honor the nursing staff.

Special events occurring this year include a Wednesday, May 13, 2:00 A.M. - 4:00 A.M. day and evening shifts—watch for invitations you, our nursing staff” to begin each reception Medical/Surgical Nursing, and other added

benefit package, thus encouraging employees to use these less-expensive services.

While U.S. Steel made no firm projection on the cost impact of this program, a similar program instituted by Goodyear in Freeport, Illinois, resulted in a reduction of one-half day in the average length of stay, for an annual saving of \$30,000 on just 600 admissions during the first year of operation.

THIRD-PARTY PAYERS, like Blue Cross and Blue Shield Plans and commercial insurance companies, in recent years have been building into their benefit packages coverage for a number of cost-savings procedures like outpatient surgery, second and third opinions for elective surgery, preventive care services, care provided at home or in an extended care facility and pre-admission testing (PAT). In the latter procedure, coverage for which is almost universal now, necessary testing is completed several days prior to the patient's admission to the hospital for elective surgery or medical care. This allows for better scheduling of laboratory, x-ray and other facilities at the hospital; and by the time the patient is admitted, the results of the tests have been determined. Depending on the degree of testing necessary, one or two days of hospitalization can be avoided, several hundred dollars can be saved, and the patient must spend less time away from family and job.

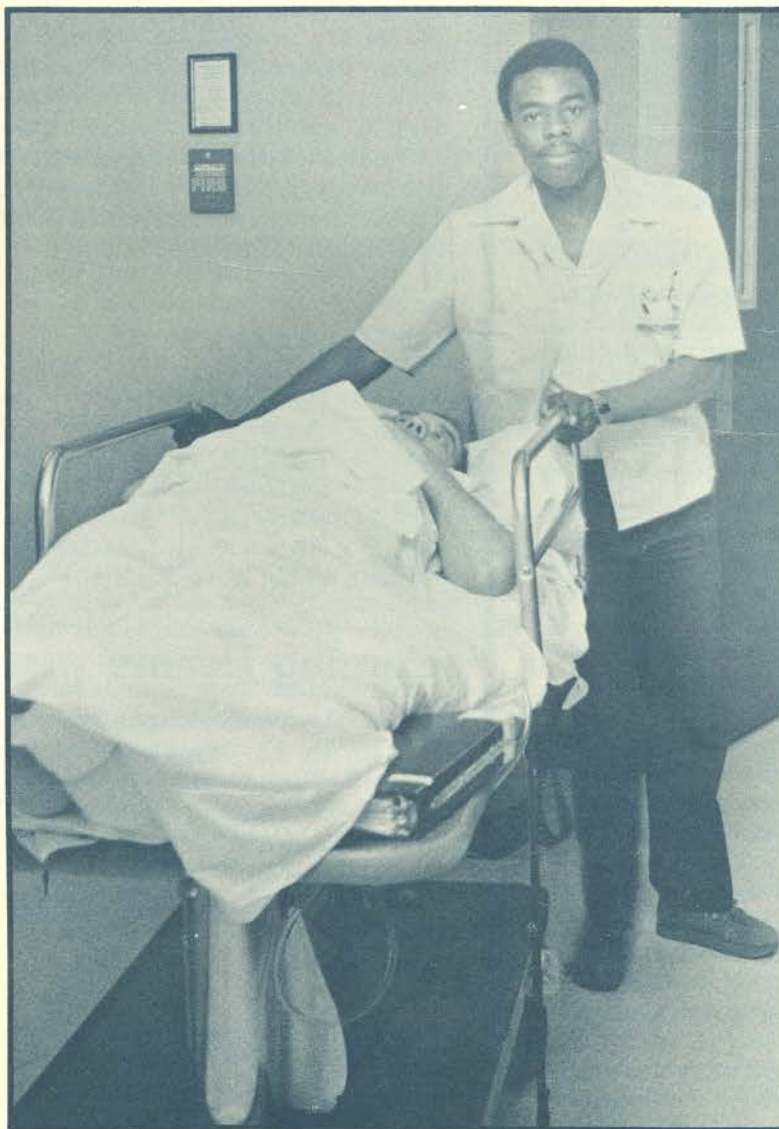
Insurers also have devoted considerable money and resources for public education and preventive activities, like public health advertising, educational activities in schools, programs to motivate employees and their families to live healthier lives and hold down health care costs through changes in lifestyle—like smoking clinics, weight reduction programs, and exercise-related activities. They also are experimenting with innovative methods of reimbursement for care, and programs like Health Maintenance Organizations—HMO's—that offer alternative methods of health care delivery.

(continued on next page)

g Staff

publicized as being National Hospital largest group of hospital employees—our

ion for all nursing staff personnel on night shift, and 2:00 P.M. - 4:00 P.M., for a special noontime presentation, "In honor of Bert Stichter, Division Director,



Top photo: Mike Spleen, certified Biomedical Engineering Technician.
Bottom photo: Victor McCain, Escort Services.

GOVERNMENT in Pennsylvania has cooperated with hospitals in another area for tremendous potential savings — regulatory reform.

Pennsylvania hospitals and the Department of Health recently reached agreement on a program of joint inspections. Traditionally, hospital inspections were done by two primary groups—the state government and various accrediting bodies, such as the Joint Commission on Accreditation of Hospitals. These inspections often occurred within months of each other and frequently produced conflicting recommendations—because of differing standards. But the Pennsylvania General Assembly passed legislation to allow the Department of Health to cooperate with the various accrediting bodies in a joint inspections program. As a result, hospitals now are inspected once annually under one set of uniform standards.

The potential saving to hospitals and the Department of Health is substantial.

THE PUBLIC is beginning to see the value of changing lifestyles and using the least expensive level of care, also. More and more people are taking advantage of wellness programs—many offered by business and by hospitals. Patients also are taking advantage of less expensive hospital services in health care—preadmission testing and outpatient surgery, for example.

HOSPITALS are doing their part, too. In cooperation with business, industry, labor, third-party payers and consumers, hospitals and doctors have embarked on a voluntary program to restrain health care expenditures—with much success. In Pennsylvania, this Voluntary Effort "saved" nearly \$100 million in fiscal year 1979, the first year of activity. This was accomplished by lowering the rate of hospital expenditure increases by 2.7 percentage points despite the rapidly increasing rate of inflation.

But that's not all. Hospitals have identified areas of savings, such as energy management, and cooperated with insurers, business and industry to realize those savings. In Allentown for example, energy conservation programs have had a substantial impact in reducing health care costs.

Hospitals also are at the center of many health education programs to convince people to change their lifestyles. **THESE** are just some of the examples of how people who have a stake in hospital care are working to contain health care costs. They are examples that are in place today and working, and they are ones from which we can learn a great deal.

If you have other ideas about hospital costs or know of innovative programs to control hospital costs, we'd like to hear from you. Please let us know by calling or writing Public Relations 3084.



Men's and Women's Softball

Guys! Gals! Here's your chance to get in on an intra-hospital softball league!

Two leagues, one for men, and one for women, will be formed to play on the Hospital Center's softball field at the entrance to the Hospital Center.

All who are interested in playing must send their names, department, shift, and position desired, to: Jim Higgins, Public Relations, by Friday, May 22.

Teams will be formed from those interested; any teams already established are welcome, providing team members are affiliated with the Hospital Center or health care.

Games will be scheduled during June, July, and August.

For more information, or if anyone is interested in helping to set up either league, contact Jim at 3084. Any help will be greatly appreciated.

Men's Softball Team

This year marks the third season for the Men's Team playing in the East Penn Modified League. This year, 19 of the 26 scheduled games will be played on the Hospital Center field, with the first game held on April 28.

Handling the coaching end once again is Barry Howells, Histology. The rest of the roster includes: **Outfielders** - Eric Bakow, Respiratory Therapy; Gary Fisk, P.A., Rex Group; Jim Higgins, Public Relations (Manager); Walt Jura, Administrative Resident; Dick Manges, Financial Services; Dale Mory, Radiology; and Joe Ottinger, Pharmacy.

Infielders include: Charlie Brooks, M.D.; Pete Carpenter, R.N., SCU; Dean Fritch, Toxicology; Bill Hoffert, Pulmonary Function; Bob Kraus, M.D.; Brian Mory, Mailroom; and Ron Springel, M.D. **Pitching** will be Steve Berman, Histology; and Wally Smith, Respiratory Therapy.

Upcoming schedule for May:

May 8 - A&SHHC vs. M & K Sales - 6:15 P.M. at A&SHHC

May 13 - A&SHHC vs. Lechner Framing - 6:15 P.M. at A&SHHC

May 15 - A&SHHC vs. Hondo's - 6:15 P.M. at A&SHHC

May 20 - A&SHHC vs. Mindlin Tire Co. - 6:15 P.M. at A&SHHC

May 22 - A&SHHC vs. Linde Stars - 6:15 P.M. at A&SHHC

May 27 - A&SHHC vs. Bambi Restaurant - 6:15 P.M. at Upper Macungie

May 29 - A&SHHC vs. Schaefer Brewery - 6:15 P.M. at A&SHHC

Come on out and cheer!!

Coming Events

May 9 - Atlantic City Casino Trip

May 15, 16, 17 - May Daze Wine Booth

June 10 - Penn National Race Track

July 12-16 - Hyannis, Massachusetts Trip

July 17-19 - Williamsburg/Busch Gardens Trip

August 29 - A&SHHC Picnic

For information on any Recreation Committee activities, contact Janet in Public Relations at 3084.

Penn National

Don't forget about the Penn National Race Track trip on Wednesday, June 10. There are still seats available at a cost of \$12.00 per person. The bus will leave the Hospital Center at approximately 5:15 P.M. Contact Janet in Public Relations at 3084 for reservations.

Deadline for reservations for the Williamsburg/Busch Gardens Trip and the Hyannis, Massachusetts Trip scheduled for July, has been extended until Friday, May 15.



THE WELLNESS CENTER

by Judy Stavisky, Wellness Editor

Water, water everywhere

by Gail Russell, Wellness Center Intern

The shortage of rainfall has been of grave concern for Pennsylvanians. The supply, nevertheless, is sufficient enough to provide our bodies with the necessary water for healthy living.

Water is a necessity in our bodily functions, vital to digestion, circulation, and excretion. The body of an adult human is 58% to 67% water; a baby's body is 80% water. Any significant drop in the quantity of water in our system brings a serious imbalance. Therefore, never treat your thirst lightly.

You can do yourself a favor by increasing your water intake; drinking more water will help you snack less, curb your appetite, improve your digestion, cut down on coffee, soft drinks and alcohol, relieve headaches, and recover after strenuous exercise. If you want to lose weight, what's important is reducing your calorie intake. Since water contains no calories, there's no point in skimping on it.

For healthier drinking:

- Keep a glass of fresh water on the corner of your work table.
- Try not to waste H₂O waiting for it to get cold. Place a jug full in your refrigerator at home.
- Have a glass of unsweetened juice or soup (another water-based food item) at the start of each meal.
- After a physical workout, take two or three sips of H₂O. Follow this up a half hour later with a big glass of fruit juice or water.
- A glass of H₂O will do wonders for a headache.

It would be tough to consume too much water. There is plenty of water

available for drinking purposes so don't just walk past the drinking fountain ... use it!

Shaking the habit

There is a general consensus in the medical and scientific community about the relationship between hypertension (high blood pressure) and high sodium intake.

Sodium is one of two primary ingredients which together make salt. Sodium affects the body's ability to maintain fluid pressure in cells and in the bloodstream. As the sodium level rises, fluid retention increases. An excessively high sodium level causes fluid to build up in the heart and blood vessels, which increases the volume of blood. This increased volume of blood pushes on the sides of the arteries, increases blood pressure and forces the heart to work harder to maintain adequate blood flow.

We need a certain amount of sodium to live, but you don't have to add salt to food to achieve your daily requirement. The U.S. Senate Select Committee on Nutrition suggests a limit of 2,000 milligrams of sodium per day. When you recognize that each teaspoon of salt contains about 2,300 milligrams of sodium, you'd be better off to retire the salt shaker.

Since salt is widely used as a preservative, heavily processed foods contain high amounts of salt. While you would expect cocktail peanuts to be salty—one ounce contains about 132 milligrams of sodium, one ounce of the leading corn

flakes has twice that much sodium! Two slices of a popular white bread contain more sodium than a one ounce bag of well known potato chips.

Cutting down on salt is not an easy task because many products have a higher sodium content than you would suspect:

McDonald's hamburger	1,510 mg.
Dill Pickle, 1	1,137 mg.
TV Dinner	1,152 mg.
Soy Sauce, 1 T.	1,320 mg.
Peanut Butter, 1 T (jarred)	95 mg.
Peanut Butter, 1 T. (fresh ground)	1 mg.
Green Olives, 4	370 mg.
Spaghetti, cooked 1/2 Cup	1 mg.
Tomato Juice, canned 6 oz.	360 mg.
Grapefruit Juice, 6 oz.	2 mg.
Italian Salad Dressing, 1 T.	315 mg.
Baked Ham, 4 oz.	850 mg.
Bacon, 2 slices	155 mg.
Chicken, light meat, 4 oz.	75 mg.
Corn, fresh or frozen, 1/2 Cup	1 mg.
Corn, canned, 1/2 Cup	250 mg.
American Cheese, 1 oz.	380 mg.
Parmesan Cheese, 1 oz.	530 mg.

Reduce salt intake!

Reducing your salt intake will not make your life bland. Try these Wellness Center suggestions:

- Test out a good quality wine vinegar on meats and chicken.
- If you need something to fill your salt shaker, grind sesame seeds in a blender for a good, all purpose seasoning.
- Season foods with lemon or lime juice, onion, garlic, and garlic powders (not salt).
- Investigate how to use herbs and spices. Beef with a bit of dry mustard, marjoram or sage are possible flavor additions. Chicken with paprika, thyme and/or a bit of wine add a different taste to poultry. Eggs made with green peppers and fresh mushrooms will introduce you to something other than salt.
- Read labels! You pay more than a high price with processed and convenience foods. Bouillon cubes, canned soups, commercial salad dressing and dry mixes also have very high sodium content. It is not always possible to determine a food's sodium content from its label. If you are interested in a more detailed guide to sodium restriction, write for the pamphlet, "Calling a Halt to Salt"; Giant Foods, Inc., Consumer Affairs Department, P.O. Box 1804, Washington, D.C., 20013.

Open Heart Surgery special honored

No stranger to national prestige and acclaim, the A&SHHC produced television special, "Open Heart Surgery — The Coronary Artery Bypass," was again honored and received the prestigious Broadcast Industry Conference Award in San Francisco, on May 2. The program was judged "an outstanding locally produced program" by the broadcast industry.

This is the tenth national and/or international television award the program has received.

Also included in the award presentations were television notables Alan Alda (M*A*S*H fame) and Muppet creator Jim Hensen.



Florence Brown, Assistant Administrator for Nursing, and **Mildred Guzara**, Supervisor, Emergency Room and Operating Room, will be headed for China on May 11, returning on June 1.

They will be participating in the People-to-People Program, begun in 1956, which sends American citizens abroad with the purpose of promoting goodwill and understanding between Americans and the citizens of other countries.

As part of a Health Care/Nursing Education delegation, Miss Brown and Miss Guzara will meet with government officials, medical and nursing educators, physicians, nurses, administrators, therapists and specialists, and will observe and evaluate Chinese health care delivery systems relative to our own.

The itinerary includes visits to Tianjin, Beijing (Peking), Shanghai, Suzhou, Nanjing, Kweilin, Guangzhou (Canton), and Hong Kong.

Luther V. Rhodes, III, M.D., F.A.C.P., has been elected a charter member of the newly established Society of Hospital Epidemiologists of America, a 215 physician member group. Dr. Rhodes heads the Infection Control Section at the Hospital Center, and is active in the Pennsylvania Organization of Infectious Disease Practitioners.

Allentown and Sacred Heart Hospital Center
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Ever wonder where the beautiful flower and plant arrangements offered for sale at the Tree Top Shop come from? Or who creates them? The answer lies on the seventh floor of the Hospital Center where several talented Auxilians spend a few days a week arranging flowers and potting plants.

The flowers, which are bought in bulk quantity from area florists, are arranged by Hannah Hunter, left, Jean Weida, and Charlotte Fetterman (above), and also by Edith Kalna, Marie Roberts, Trudy Spengler, Evelyn Vogel, and Eleanor Weisenberger.

Also helping with the preparation of the trays are Auxiliary members Janice George, Carole Hartman, Sis Long, and Sylvia Tauber.

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